

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	9. a.		9/19/00
<b>O.I.P.E. CLASSIFIER</b>	B		9/22/00
<b>FORMALITY REVIEW</b>	DB	45373	10/30/00
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) .....	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
Final	
Original	
1 ✓	
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
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9 ✓	
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If more than 150 claims or 10 actions  
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